



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E456607**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION

CASE #	15-02167	
LOCAL AGENCY CODING	0664	
TOTAL # OF UNITS	02	OBJECT STRUCK

DATE OF COLLISION	08	-	29	-	2015	TIME (2400)	1625	COUNTY #	31	MILES	N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	IN OF	<input checked="" type="checkbox"/>	CITY #	0664
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ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐

GRADE RD BLOCK NO. MILE POST

DISTANCE OF (REFERENCE OR CROSS STREET)

MILES N E S W 20 ST NE

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4252937549
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LAST NAME	BALKE	FIRST NAME	CARL	MIDDLE INITIAL	J
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STREET NEW ADDRESS 4820 87 AVE NE

CITY	MARYSVILLE	ST	WA	ZIP	98270
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	BALKECJ067BH	STATE	WA	SEX	M	D.O.B.	01	08	1994
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ON DUTY	<input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	B32533H	STATE	WA	VIN#	4TARN81A2RZ203183
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	1994	MAKE	TOYT	MODEL	PICKUP	STYLE	PK	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY # FARMERS 186137654
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 2066511157
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LAST NAME	RICHTER	FIRST NAME	CHRISTINE	MIDDLE INITIAL	A
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STREET NEW ADDRESS 3028 124 AVE NE

CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	RICHTCA337N2	STATE	WA	SEX	F	D.O.B.	08	22	1967
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ON DUTY	<input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	ARH3299	STATE	WA	VIN#	2G1FCE33E9265513
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2014	MAKE	CHEV	MODEL	CAMARO	STYLE	CP	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY # UNITED SERVICES AUTOMOBILE ASSN 013331332U
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VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	ROBERT MINER	BADGE OR ID #	095	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E456607**

CASE # **15-02167**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NARRATIVE

Unit #1 was southbound Grade Rd, stopped at the stop sign at 20 ST NE. Unit #2 was southbound Grade Rd, stopped directly behind Unit #1. A tow truck (uninvolved) was westbound 20 ST NE stopped at stop sign at Grade Rd. The tow truck was making a right turn onto northbound Grade Rd. Unit #1 feared the tow truck may not have enough room to turn, so Unit #1 backed up in order to provide more room. Unit #2 attempted to honk horn at Unit #1, but Unit #1 backed up impacting with front of Unit #2. Unit #1 tow hitch punctured into the front end of Unit #2. The trailer hitch to Unit #1 was bent. Driver of Unit #1 stated he did not see Unit #2 behind him when he backed up. This collision was the result of inattention and improper backing by Unit #1.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

ROBERT MINER

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

08-30-15 04:29 PM

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 095

DATE

8/30/2015 4:31:43 PM

BADGE OR ID # **095**

ORI #

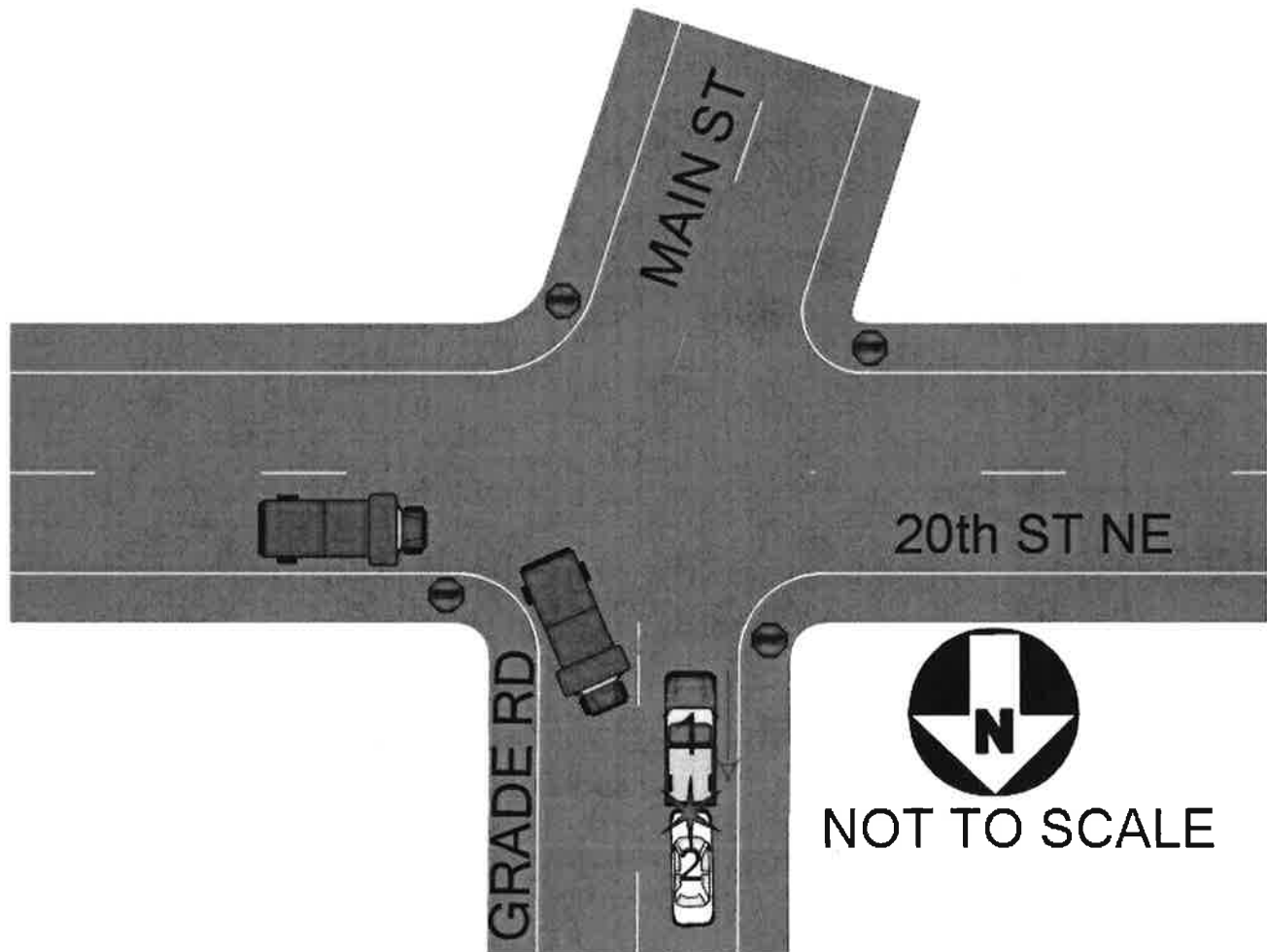
WA0311900

TIME POLICE DISPATCHED

4:26 PM

TIME POLICE ARRIVED

4:29 PM



Incident History for: #SS15017441

Case Numbers: \$SS15002167

Entered 08/29/15 16:25:41 BY SPCT10 SP0375

Dispatched 08/29/15 16:26:09 BY SPDP17 SP0297

Enroute 08/29/15 16:26:09

Onscene 08/29/15 16:29:06

Closed 08/29/15 16:52:45

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS001 Fire BLK: AG1620 Map Page: 377J-6 Group: SS1 Beat: NORT

Src: T

Loc: 1910 MAIN ST ,LKS -- MINI MART ,LKS btwn N LAKESHORE DR & HARTFORD DR NE (V)

Loc Info: IFO

Name: GUFF, KRISTA

Addr:

Phone: 4256145667

/1625 (SP0375) ENTRY ,AC, 3 AGO, NON INJ, NON BLKING, WHI CHEVY CAMER
O V RED FORD RANGER, BOTH VEH'S ARE NOW PULLED I
NTO PKLOT

/1626 (SP0297) DISPER 19D1 #SS120 BERNHARD, OFFICER (KERRY)

/1626 \$PREMPT 19D1

/1626 \$DISPER 19S13 #SS95 MINER, SGT (ROBERT)

/1626 PREDSP 19D1 19S13

/1629 (SS95) *ONSCNE 19S13

/1635 *ASNCAS 19S13 \$SS15002167

/1637 REMINQ 19S13 MDTVEH, B32533H, , WA, , , , , , , , , , ,

/1637 REMINQ 19S13 MDTWANT, BALKE, CARL, J, 010894, , , WA, , , , , , , , , , ,

/1641 REMINQ 19S13 MDTVEH, ARH3299, , WA, , , , , , , , , , ,

/1642 REMINQ 19S13 MDTWANT, RICHTER, CHRISTINE, A, 082267, , , WA, , , , , , , , , , ,

/1652 *CLEAR 19S13 '',''

/1652 CLOSE 19S13 D/H

LAKE STEVENS POLICE DEPARTMENT

FOLLOW-UP / ROUTING SHEET

CASE NUMBER 15-2167

MUST HAVE CITATION NUMBER OR SUSPECT INFO IF FORWARDING TO PROSECUTOR, COURT OR INVESTIGATIONS.		DATE 9-2-15
CITATION #	SUSPECT Carl Balke	DOB
CITATION #	SUSPECT	DOB
CITATION #	SUSPECT	DOB

OFFICER / DETECTIVE REQUEST

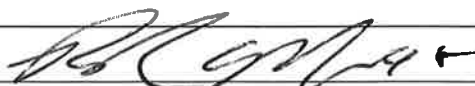
<input checked="" type="checkbox"/> ADD DOCUMENTS TO ORIGINAL FILE		<input checked="" type="checkbox"/> NO FURTHER ACTION REQUIRED	
<input type="checkbox"/> ADDITIONAL STOLEN OR RECOVERED PROPERTY SHEETS ATTACHED FOR DATA ENTRY			
<input type="checkbox"/> FORWARD FOLLOW-UP (COURT HAS OPEN FILE ON CASE)		<input type="checkbox"/> FORWARD COMPLETED COPY OF CASE	
<input type="checkbox"/> MARYSVILLE COURT	<input type="checkbox"/> SNO CO FELONY DIVISION	<input type="checkbox"/> WACIC / NCIC ENTRY FOR RECORDS	
<input type="checkbox"/> CITY PROSECUTOR	<input type="checkbox"/> JUVENILE COURT	<input type="checkbox"/> WASH STATE LIQUOR CONTROL	
<input type="checkbox"/> REVIEW FOR CHARGES	<input type="checkbox"/> CPS/DSHS <input type="checkbox"/> EVERETT <input type="checkbox"/> SKY VALLEY	<input type="checkbox"/> OTHER:	
DATE SENT: 9-3-15		BY: CB '90	

<input type="checkbox"/> FORWARD ORIGINAL FILE WITH THE FOLLOW-UP TO COURT	
<input type="checkbox"/> CITATION JUVENILE REFERRAL ATTACHED	
<input type="checkbox"/> SUBJECT REFERRED FOR FELONY CHARGING	
DATE SENT:	BY:

<input type="checkbox"/> PROSECUTOR FOLLOW-UP RESPONSE (ATTACH PROSECUTOR REQUEST FORM)		
<input type="checkbox"/> INVESTIGATIONS	OFFICER ASSIGNED	DUE DATE

CASE CLOSED

<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARREST MADE SENT TO COURT
<input type="checkbox"/> LACK OF INVESTIGATIVE LEADS	<input type="checkbox"/> VICTIM REQUEST

OFFICER / INVESTIGATOR	DATE SIGNED
SERGEANT APPROVAL 	DATE SIGNED 9/2/15

RECORDS DATA ENTRY	ADDITIONAL	PERSONS <input type="checkbox"/>	PROPERTY <input type="checkbox"/>	ARRESTS <input type="checkbox"/>
RECORDS:	DATE:			

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

- ☐ Marysville Municipal Court..... 360-363-8050
- ☐ Evergreen District Court 360-805-6776
- ☐ Prosecutor/Felony 425-388-3333
- ☐ DV Protection Order 425-388-3638
- ☐ Anti Harassment Order 360-805-6776
- ☐ Marysville Jail..... 360-363-8350
- ☐ Snohomish County Jail 425-388-3395
- ☐ DYC & At Risk Youth 425-388-7800
- ☐ Police Tip Line..... 425-377-3214

Reference # 15-2167



Excellence in safety, service and education
CITY OF LAKE STEVENS POLICE

R. Miner #095
 Sergeant

Office: (425) 334-9537
 Fax: (425) 334-9842

rminer@lakestevenswa.gov

Lake Stevens Police Department
 2211 Grade Road
 Lake Stevens, Washington 98258

www.ci.lake-stevens.wa.us/police

Vehicle Registration Certificate

B32533H

License plate	Plate issue date	Tab no	Reg expiration	Value code	Year	Mo reg	Mo gwt	Pwr	Use	Mod yr	Make	Body
B32533H	10/2008	A228074	07/23/2016	9818	1994	12	12	G	TRK	1994	TOYT	PU
Vehicle id#ent (V/I/N)/Serial no	Res co	Scale wt	Seats	Model	BT	Gwt	Gwt st	Gwt exp	Fleet	Equip		
4TARN81A2RZ203183	31	4800		USS	PK	6000	07/24/2015	07/23/2016				
Prev plate	Filing	TBD	RTA Tax	Service fee	Gwt/Veh wt	Other	Total fees	Gwt cr				
A74568L	\$3.00			\$5.00	\$48.00		\$56.00					

425-293-
7549
425-355
5225

BALKE, CARL J
4820 87TH AVE NE
MARYSVILLE WA 98270

X
Signature of registered owner(s)
Carl Balke

X
Signature of registered owner(s)

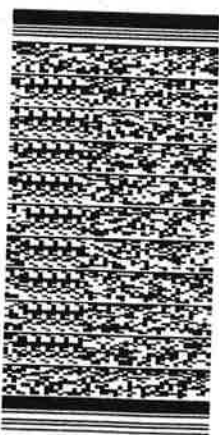
Comments:

COLOR-RED - DISPLAY TAB ON BACK LICENSE PLATE ONLY - FRONT PLATE IS STILL REQUIRED.

RPT ID: AREGPR-1
VehicleRegistration (R/8/14)E

Validation code 14312401151810630150082013424

This certificate is not proof of ownership.



Evidence of Insurance State of Washington

Named Insured(s): Carl N Balke
Nancy E Balke
Vehicle: 1994 Toyota Pickup Short 1/2T 4X2
VIN: 4TARN81A2RZ203183
Registered Owner(s): Carl J Balke



FARMERS
INSURANCE

Policy Number: 186137654
Effective: 6/9/2015
Expiration: 12/9/2015

NAIC Number: 21644

Your Agent: Scott E Davis
8021 State Ave
Marysville, WA 98270-3401

Agent Phone: (360) 651-9122

Farmers Insurance Company of Washington, Mercer Is, WA an authorized Washington insurer, certifies that it has issued an owner's liability insurance policy pursuant to the Mandatory Insurance Law of Washington. Examine the Policy Exclusions carefully. This form does not constitute any part of your insurance policy.

KEEP THIS CERTIFICATE IN YOUR VEHICLE AT ALL TIMES.

WHAT TO DO IN CASE OF AN ACCIDENT:

Contact Farmers Claim Department

Call us 24-hours a day at (800) 435-7764
Para Español, llame al (877) 732-5266

Obtain the following information:

1. Name, address, and phone number of each driver, passenger and witness.
2. Driver's license number, vehicle description and license plate numbers.
3. Vehicle damage and accident scene photos.
4. Name of Insurance company and policy number for each vehicle.
5. Report the accident to the proper authorities.
6. Do not admit fault — an investigation may later reveal you were not responsible for the accident.

Visit www.farmers.com to learn more about claim self-service options. It's quick, convenient and always open!

See policy for actual coverage language.

25-9018 7-14